

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1150**  
**290**

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>149</b>   |  | PRIMARY REG. DIST. NO. <b>1002</b>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>  |  | c. LENGTH OF STAY (in this place) <b>29 YEARS</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>  |  | d. STREET ADDRESS (If rural, give location) <b>1311 FREMONT AVENUE</b>           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1311 FREMONT AVENUE</b>   |  |   |  | d. STREET ADDRESS (If rural, give location) <b>1311 FREMONT AVENUE</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>  |  | a. (First) <b>MADISON</b>   |  | c. (Last) <b>GABA</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>JAN-18-1950</b>                         |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>  |  | 8. DATE OF BIRTH <b>JUNE-15-1879</b>   |  |
| 9. AGE (In years last birthday) <b>70 YRS</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>BEATRICE, NEBRASKA</b>              |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  | 13a. FATHER'S NAME <b>MARTIN A. GABA</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>ELIZA JANE "MICK" GABA</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>LILLIE GERTRUDE GABA</b>                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>  |  | 16. SOCIAL SECURITY NO. <b>487-16-2328</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>LILLIE GERTRUDE GABA</b>  |  | ADDRESS <b>1311 FREMONT AVE. KANSAS CITY, MO.</b>                                |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                          |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>9 yrs</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) <b>Uremia</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Arteriosclerotic</b><br><b>6 wks 3 years</b> |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 4200   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                    |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>INDEPENDENCE, MO.</b>   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>      |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>1940</b> , to <b>Jan. 18, 1950</b> , that I last saw the deceased alive on <b>Jan. 11, 1950</b> , and that death occurred at <b>4:30 P. M.</b> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23. SIGNATURE <b>Chas. F. Grabske</b> (Degree or title) <b>Chas. F. Grabske, M.D.</b>  |  |   |  | 23b. ADDRESS <b>INDEPENDENCE, MO.</b>  |  | 23c. DATE SIGNED <b>JAN. 19-1950</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |  | 24b. DATE <b>JAN. 20-1950</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>       |  |
| DATE REC'D BY LOCAL REG. <b>1-20-50</b>  |  | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer</b>   |  | ADDRESS <b>1331 BRUSH CREEK BLVD. KANSAS CITY, MO.</b>                           |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.